





## MEMO

**TO:** North Dakota Physicians  
North Dakota Infection Control Nurses  
North Dakota Laboratory Directors  
Local Public Health Unit Administrators

**FROM:** Michelle Feist, West Nile Virus Surveillance Coordinator   
Tracy K. Miller, MPH, Epidemiology and Surveillance Program Manager 

**RE:** Surveillance for West Nile Virus Illness

**DATE:** June 12, 2008

The North Dakota Department of Health (NDDoH) does not offer free WNV testing to all patients. Free human WNV testing will only be available June 1, 2008 through September 30, 2008, on specimens from patients meeting any one of the following criteria:

### Criteria I – Neuroinvasive Disease

- The presence of fever is required with at least one of the following:
  - Signs of brain dysfunction (e.g., altered mental status, confusion, coma, disorientation and stupor)
  - Signs of other neurologic dysfunction (e.g., stiff neck, sensory deficits, abnormal reflexes or movements, paralysis and pleocytosis in cerebrospinal fluid)

### Criteria II – Non-neuroinvasive Disease

- The presence of documented fever is required and should include at least one additional symptom such as:
  - Headache, myalgia, arthralgia, malaise, skin rash, photo-phobia, lymphadenopathy, etc.

WNV IgM antibody testing is provided at the Division of Laboratory Services (DSL) and will be conducted on serum samples (at least 2 ml of serum is required). If CSF is drawn, it should be stored frozen. West Nile virus testing will be performed at the DLS on Mondays and Wednesdays; as sample submission increases, additional days will be added to the testing regime. Positive screening and positive confirmatory results will be called to providers the day testing is completed.

June 12, 2008

Page 2

The DLS test request form (SFN 5826) must be completed (see attached) with the following information to ensure free testing (if eligible, see above criteria):

- **Patient name and date of birth**
- **Complete address**
- **Symptoms and date of onset**
- **Hospitalization status**

Serum and the completed laboratory test request form (SFN 5826) should be sent to the Division of Laboratory Services, 2635 East Main Avenue, P.O. Box 5520, Bismarck, ND 58506-5520. If you have questions regarding testing/shipping, please contact the DLS at 701.328.6272.

Please do not hesitate to contact the NDDoH at 701.328.2378 or toll free at 800.472.2180 or the field epidemiologist in your area if you have any questions or concerns. Your assistance with the surveillance program is greatly appreciated.

Encs.

cc: Dr. Terry Dwelle, State Health Officer  
Dr. Craig Lambrecht, State Medical Director  
Kirby Kruger, Director  
Myra Kosse, Director, Division of Laboratory Services



# Criteria for West Nile Virus Testing

North Dakota Department of Health  
West Nile Virus Program

Division of Disease Control  
600 East Boulevard Ave. Dept. 301  
Bismarck, ND 58505-0200  
Telephone: 800.472.2180 or 701.328.2378  
Fax: 701.328.2499

The North Dakota Department of Health (NDDoH) is conducting surveillance to identify illnesses which may be due to West Nile virus (WNV). The North Dakota Department of Health will provide **free** West Nile virus testing only on serum specimens from **patients meeting any one of the following criteria:**

## **Criteria I – Neuroinvasive Disease**

- The presence of fever is required with at least one of the following:
  - Signs of brain dysfunction (e.g., altered mental status, confusion, coma, disorientation and stupor)
  - Signs of other neurologic dysfunction (e.g., stiff neck, sensory deficits, abnormal reflexes or movements, paralysis and pleocytosis in cerebrospinal fluid)

## **Criteria II – Non-neuroinvasive Disease**

- The presence of documented fever is required and should include at least one additional symptom such as:
  - Headache, myalgia, arthralgia, malaise, skin rash, photo-phobia, lymphadenopathy, etc.

**The Laboratory Test Request Form (SFN 5826) must accompany ALL samples submitted for West Nile virus testing.**

**Patient name, complete address, date of birth, symptoms, date of onset and hospitalization status must be completed on the laboratory test request form (SFN 5826). Please note: the above information needs to be documented on the lab request form in order to be eligible for free testing.**

**WNV testing will be performed at the Division of Laboratory Services on Mondays and Wednesdays:**

- Positive screening results will be called to providers on hospitalized patients the day testing is completed
- Positive confirmatory results will be performed on Tuesdays and Fridays and called out as soon as the testing is completed

**Please note:** If CSF was drawn, it should be stored frozen. Questions regarding laboratory testing may be directed to the Division of Laboratory Services at 701.328.6272.





**LABORATORY TEST REQUEST FORM**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF MICROBIOLOGY  
SFN 5826 (Rev. 01-2003)

• FOR LABORATORY USE •

Telephone: 701.328.5262  
Fax: 701.328.5270

Patient's Name (Last) **Sampler** (First) **Joe** (MI) **P**

Patient's Address **My Lane** Date of Birth **01/01/1988** Sex ☒ Male ☐ Female Race/Ethnicity **W/NA**  
City **Somewhere** State **NO** Zip Code **58500** Medicaid/Medicare Number

FACILITY **Hospital A** Customer Code **A | B | C**  
Address **Somewhere** State **NO** Zip Code **58500** Telephone Number **701-222-3333**  
Physician's Name (Last, First) **Dr. Bob Nile** UPIN Number

**SPECIMEN DATA** Type/Source **Serum** ☒ 1<sup>st</sup> Specimen ☐ 2<sup>nd</sup> Specimen Date of Collection **8/8/08**

**PATIENT DATA** Disease Suspected **West Nile** Date of Onset **8/1/08**

Principal Symptoms **Fever, rash, headache, stiff neck** Fever (Over 100°) **101.2** Rash ☒ YES ☐ NO

Hospitalization ☒ YES ☐ NO Recent Immunizations (Specify) Date of Immunization

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> (VIC) Adenovirus Culture  | <input type="checkbox"/> (HSC) Hepatitis A, B & C Panel   | <input type="checkbox"/> (VIC) Parainfluenza Virus Types 1,2,3, Culture                       |
| <input type="checkbox"/> (WSI) Arbovirus Encephalitis Panel (Seasonal)*  | <input type="checkbox"/> (HCB) Hepatitis B & C Panel  | <input type="checkbox"/> (HBS) Prenatal Hepatitis B Surface Antigen (HBsAg)                   |
| <input type="checkbox"/> (REC) Aerobic Culture ID (Submit Isolate)   | <input type="checkbox"/> (HBC) Hepatitis B Core Antibody (Anti-HBc)                                       | <input type="checkbox"/> (QFV) Q Fever Antibody*  |
| <input type="checkbox"/> (REA) Anaerobic Culture ID (Submit Isolate)   | <input type="checkbox"/> (HBI) Hepatitis B Surface Antibody Immune Status (Anti-HBs)                      | <input type="checkbox"/> (RSV) Respiratory Syncytial Virus Antibody, IgM (Infants to 2 yrs) * |
| <input type="checkbox"/> (REC) <i>Bacillus anthracis</i> Culture   | <input type="checkbox"/> (HBS) Hepatitis B Surface Antigen (HBsAg)  | <input type="checkbox"/> (VIC) Respiratory Syncytial Virus Culture (Infants to 2 yrs)         |
| <input type="checkbox"/> (PAM) <i>Bordetella pertussis</i> Amplified Probe*                                    | <input type="checkbox"/> (HBB) Hepatitis B Surface Antigen (HBsAg) & Hepatitis B Core Antibody (Anti-HBc) | <input type="checkbox"/> (RMS) Rocky Mountain Spotted Fever Antibody*                         |
| <input type="checkbox"/> (AGG) Brucella Antibody*  | <input type="checkbox"/> (HCV) Hepatitis C Antibody (Anti-HCV) *  | <input type="checkbox"/> (RUB) Rubella Virus Antibody, IgM*                                   |
| <input type="checkbox"/> (REC) Brucella Culture  | <input type="checkbox"/> (HEI) Herpes Simplex Virus Antibody, IgM*  | <input type="checkbox"/> (VIC) Rubella Virus Culture  |
| <input type="checkbox"/> (CUL) <i>Campylobacter</i> Culture  | <input type="checkbox"/> (HEC) Herpes Simplex Virus Culture   | <input type="checkbox"/> (SAS) Salmonella Serotyping  |
| <input type="checkbox"/> (CAC) <i>Campylobacter</i> Confirmation (Submit Isolate)                              | <input checked="" type="checkbox"/> <b>HIV-1 Antibody (Use HIV Form)</b>                                  | <input type="checkbox"/> (SHS) Shigella Serotyping  |
| <input type="checkbox"/> (CHI) <i>Chlamydia trachomatis</i> Antibody, IgM                                      | <input type="checkbox"/> (INC) Influenza Virus Type A & B Culture   | <input type="checkbox"/> (RPR) Syphilis Screen  |
| <input type="checkbox"/> (CHD) <i>Chlamydia trachomatis</i> DFA  | <input type="checkbox"/> (INH) Influenza Virus Type A & B Antibodies, Hemmagglutination Inhibition*       | <input type="checkbox"/> (GAS) Throat Culture   |
| <input type="checkbox"/> (AMP) <i>Chlamydia trachomatis/Neisseria gonorrhoeae</i> Nucleic Acid Amplified Probe | <input type="checkbox"/> (LEI) <i>Legionella pneumophila</i> Antibody*                                    | <input type="checkbox"/> (TOS) TORCH Antibodies Panel, IgM (Newborn)*                         |
| <input type="checkbox"/> (DIC) <i>Corynebacterium diphtheriae</i> Culture                                      | <input type="checkbox"/> (LEC) <i>Legionella pneumophila</i> Culture Confirm.                             | <input type="checkbox"/> (TOX) <i>Toxoplasma gondii</i> Antibody, IgM*                        |
| <input type="checkbox"/> (CMV) Cytomegalovirus Antibody, IgM   | <input type="checkbox"/> (LCD) <i>Legionella pneumophila</i> Culture & DFA                                | <input type="checkbox"/> (TYP) Typhus Antibody*   |
| <input type="checkbox"/> (CMC) Cytomegalovirus Culture   | <input type="checkbox"/> (LED) <i>Legionella pneumophila</i> DFA  | <input type="checkbox"/> (V-Z) Varicella-Zoster Virus Antibody, IgM*                          |
| <input type="checkbox"/> (ENP) Encephalitis Panel*   | <input type="checkbox"/> (LYD) Lyme Disease Antibody*   | <input type="checkbox"/> (VIC) Varicella-Zoster Virus Culture                                 |
| <input type="checkbox"/> (ENT) Enterovirus Culture   | <input type="checkbox"/> (O-P) Malarial Thick and Thin Blood Smears                                       | <input type="checkbox"/> (REC) <i>Vibrio</i> Culture  |
| <input type="checkbox"/> (E-B) Epstein-Barr Antibody, IgM*   | <input type="checkbox"/> (RUE) Measles Virus Antibody, IgM*   | <input type="checkbox"/> (VDR) VDRL (CSF)   |
| <input type="checkbox"/> (CUL) <i>Escherichia coli</i> O157:H7 Culture   | <input type="checkbox"/> (VIC) Measles Virus Culture  | <input type="checkbox"/> (REC) <i>Yersinia</i> Culture  |
| <input type="checkbox"/> (ECS) <i>Escherichia coli</i> O157:H7 Serotyping                                      | <input type="checkbox"/> (MUI) Mumps Virus Antibody, IgM*   |   |
| <input type="checkbox"/> (FTA) Fluorescent Treponema Antibody (FTA-ABS)  | <input type="checkbox"/> (MUC) Mumps Virus Culture  |   |
| <input type="checkbox"/> (TUL) <i>Francisella tularensis</i> Antibody*   | <input type="checkbox"/> (TBC) Mycobacteria Culture (TB) & Smear  |   |
| <input type="checkbox"/> (REC) <i>Francisella tularensis</i> Culture   | <input type="checkbox"/> (MTD) Mycobacteria Direct Probe (Amplified)*                                     |   |
| <input type="checkbox"/> (FUS) Fungal Antibody Panel*  | <input type="checkbox"/> (SUS) Mycobacteria Susceptibility  |   |
| <input type="checkbox"/> (FUC) Fungal Culture  | <input type="checkbox"/> (MYI) <i>Mycoplasma pneumoniae</i> Antibody, IgM*                                |   |
| <input type="checkbox"/> (FNS) Fungal Smear  | <input type="checkbox"/> (GCC) <i>Neisseria gonorrhoeae</i> Culture                                       |   |
| <input type="checkbox"/> (HIS) <i>Haemophilus influenzae</i> Serotyping  | <input type="checkbox"/> (NMS) <i>Neisseria meningitidis</i> Serogrouping                                 |   |
| <input checked="" type="checkbox"/> <b>Hantavirus Antibody (Use Hantavirus Form)</b>                           | <input type="checkbox"/> (O-P) Ova and Parasites  |   |
| <input type="checkbox"/> (HAB) Hepatitis A & B Panel   |   |   |
| <input type="checkbox"/> (HEA) Hepatitis A Antibody, IgM*  |   |   |

\*Patient data required

WHITE COPY - Public Health Lab

YELLOW COPY - Customer